

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/1593500

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		21					54						
5	1						55						
6		1					56						
7		12					57						
8		21					58						
9		1					59						
10		1					60						
11		1					61						
12		④1					62						
13		1④0					63						
14		④1					64						
15		1					65						
16		④1					66						
17		④1					67						
18		④1					68						
19		④1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26							76						
27							77						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21						TOTAL CLAIMS						